



Voters' Pamphlet Committee Appointment Form

JURISDICTION:	PROPOSITION:
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Print Legibly

Provide the correct spelling of the committee member's names.

NOTE: A fax number is required in order to exchange committee statements.

COMMITTEE ADVOCATING APPROVAL (PRO)	COMMITTEE ADVOCATING REJECTION (CON)
1. NAME:	1. NAME:
(SPOKESPERSON)	(SPOKESPERSON)
ADDRESS:	ADDRESS:
PHONE NO:	PHONE NO:
FAX NO:	FAX NO:

2. NAME:	2. NAME:
ADDRESS:	ADDRESS:
PHONE NO:	PHONE NO:
FAX NO:	FAX NO:

3. NAME:	3. NAME:
ADDRESS:	ADDRESS:
PHONE NO:	PHONE NO:
FAX NO:	FAX NO:

I hereby certify that the above named individuals have been appointed and have consented to serve as indicated, and that the names should be listed in the Officials Local Voters' Pamphlet in the manner set forth.

AUTHORIZED SIGNATURE

DATE